State of Illinois
JB Pritzker, Governor

Illinois Criminal Justice Information Authority
Delrice Adams, Executive Director

EVALUATION OF THE DEVELOPMENT OF A MULTIJURISDICTIONAL POLICE-BASED DEFLECTION PROGRAM IN SOUTHERN ILLINOIS

ICJIA
Illinois Criminal Justice Information Authority

Evaluation of the Development of a Multijurisdictional Police-Based Deflection Program in Southern Illinois

Part of an Evaluation Report Series
on the Action Planning for Illinois Multi-Site Police Deflection Programs

Prepared by
Sharyn Adams, Research Analyst
Jessica Reichert, Senior Research Analyst
H. Douglas Otto, Research Analyst
Julia Sanchez, Research Intern

Center for Justice Research and Evaluation
Research and Analysis Unit
Illinois Criminal Justice Information Authority

The author would like to recognize the contributions of Cristin Evans and Timothy Lavery.

This evaluation was supported by Grant #2018-DJ-BX-0761 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice and an Intergovernmental Agreement with the Illinois Department of Human Services. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Authority, the U.S. Department of Justice, or the Illinois Department of Human Services.

Suggested citation: Adams, S., Reichert, J., Otto, H. D., & Sanchez, J. (2023). *Evaluation of the development of a multijurisdictional police-based deflection program in southern Illinois.* Illinois Criminal Justice Information Authority.

Illinois Criminal Justice Information Authority
60 E. Van Buren St., Suite 650
Chicago, Illinois 60605
Phone: 312.793.8550
https://icjia.illinois.gov

Acknowledgements

The authors would like to thank the following agencies and individuals for their assistance and contributions to this evaluation.

TASC's Center for Health and Justice
Jac Charlier, Executive Director
Alicia Osborne

TASC, Inc.
Amber Bridgman
Bradley Bullock
Stephanie Nevilles

Illinois Department of Human Services
Secretary Grace Hou
Stephanie Frank
Jason Stamps

Illinois State Police
Director Brendan Kelly
Brandon Grezchowiak, Southern Illinois Drug Task Force
Shane Pettigrew, Southern Illinois Drug Task Force

Police, Treatment, and Community Collaborative Deflection Subject Matter Experts
Mariel Hufnagel
Daniel Meloy

Last, but not least, we thank, appreciate, and support southern Illinois community members participating in action planning to build a deflection program for their community.

Table of Contents

Executive Summary

Introduction

Police often engage with people who have multiple service needs, such as treatment for mental health or substance use issues. Using a public health model, police can "deflect" individuals from criminal justice system involvement by referring them to treatment and other service providers (Charlier & Reichert, 2020; Lindquist-Grantz et al., 2021). Deflection also helps eliminate barriers to service seeking, which include social stigmas, waiting lists, and limited funding (Charlier & Reichert, 2020).

We evaluated the action planning process of the Southern Illinois Community Engagement Response Team, new deflection program serving seven southern Illinois counties: Alexander, Franklin, Hardin, Jefferson, Massac, Pulaski, and Randolph. The program utilizes the Southern Illinois Drug Task Force, a multijurisdictional law enforcement task force, comprised of officers with different police departments in a geographic area. During program development, local stakeholders participated in a guided action planning process for the program. The stakeholders met for three days to develop an action plan. Action planning can increase community engagement, supports development of clear and concise program goals, and leads to strategies that effectively achieve those goals (Creatly, 2021). The program's action plan features objectives, strategies, and steps to aid in program implementation.

Methodology

In evaluating the action planning process, we examined a number of data sources, including field observations, supportive documents, and participant surveys.

Researchers completed field observation of the action planning process on August 18, 19, and 20, 2021, for 19 hours. Organizers conducted and audio recorded the action planning sessions in person in Du Quoin. One researcher attended the sessions in person, while another attended virtually. Four local social service providers participated in at least one day of planning. After each session, we administered a paper survey. We asked about the action planning process, about collaboration with other participants, and their intentions post-action planning. Finally, we administered an online survey through Qualtrics software and two of four participants responded. We asked about their demographics and their thoughts about the action planning process.

Data Analysis

We collected and analyzed field notes and supportive documents. We summarized what transpired sequentially for each of the three days of action planning as each session built on the previous day's work. We exported the online survey data from Qualtrics to Excel and analyzed survey data using descriptive statistics.

Key Findings

The action planning process spanned three days and engaged few representatives of local social service providers and community groups. Over 40 people participated in the initial kick-off meeting. Six people representing four organizations participated at least one day of the process. An additional six outsiders [representatives of Illinois Department of Human Services (IDHS), Treatment Alternatives for Safe Communities (TASC), ICJIA, Police, Treatment, and Community Collaborative (PTACC), and subject matter experts] attended at least one session. ICJIA researchers provided a local drug crime data presentation on Day 1.

During observation of the action planning process, some participants appeared unaware of the initiative or why they had been asked to participate. Despite initial confusion, the group was engaged in the process. Group members engaged in discussions to create action steps to developing the program. The participants discussed community issues, needs, collaboration, resources, and program design. They struggled to develop a measurable objective for the program.

Based on the surveys, participants agreed the group succeeded in defining the problem(s) and that the program would help their community. They also believed collaboration among the members was strong. Nearly all participants noted too few local social service providers participated.

The discussions resulted in the Solutions Action Plan (SAP) and included objectives and action steps for the next phase of the program: implementation. The final Solutions Action Plan contained three outcomes, nine strategies, and 15 action steps.

Recommendations

We offer the following action planning recommendations based on evaluation findings. First, participation of many community organizations and local social service providers representing multiple service areas is needed. Second, we suggest checking for similar program initiatives within the community so providers are not overwhelmed and to improve attendance of local social service providers. We suggest limiting the number of outsiders attending the action planning, especially when few local social service providers will attend. Finally, we recommended creating a logic model for the planning process to help form program goals and objectives that are measurable.

Conclusion

The action planning process concluded with a plan to implement a new deflection program in southern Illinois. The action plan contains three objectives, nine strategy areas, and 19 action steps for program implementation.

Section 1: Introduction

In 2019, an estimated 22 million Americans had substance use disorders and nearly 1 million have fallen victim to a fatal drug overdose since 1999 (Centers for Disease Control and Prevention, 2020; Substance Use and Mental Health Services Administration, 2015). Police often encounter community members who misuse substances and may be in need of treatment or other services. A growing number of police departments are employing deflection, a public health-public safety model that allows police to deflect individuals from criminal justice system involvement, including potential arrest, and emergency or crisis services by referring them to treatment and other service providers (Charlier & Reichert, 2020). This evaluation examines a multijurisdictional drug task force deflection program action planning process in southern Illinois.

Multijurisdictional task forces, comprised of law enforcement officers representing one or more counties that agree to pool resources, combat drug distribution and trafficking (Reichert et al., 2017). Task force members often encounter individuals in need of help and can be in a position to refer them to services and assistance in the community. Using a deflection model, task forces can offer:

- Better outcomes for individuals, communities, and the justice system in terms of public and behavioral health.
- Improved public safety and reduced recidivism.
- Enhanced well-being of individuals and their families.

With proper planning, training, and buy-in, police and communities can work together to successfully operate a deflection program and achieve those outcomes (Charlier & Reichert, 2020).

Deflection programs are relatively new, more often employed by police departments than multijurisdictional drug task forces. As such, little empirical research on drug task force deflection programs is available. By evaluating and providing recommendation for these programs, the work of other participating task forces, police departments, and training entities, and the community may be enhanced. This program evaluation also may guide new jurisdictions interested in starting a deflection program.

This evaluation examined the action planning process of a southern Illinois deflection program serving seven counties: Alexander, Franklin, Hardin, Jefferson, Massac, Pulaski, and Randolph. Local stakeholders including police, local social service providers, and organizations met over three days to plan out a deflection program to assist persons with behavioral health needs.

During the planning sessions, researchers sought to gain an understanding of the action planning process and document participation of law enforcement and local social service providers (Reichert, et al., in press). We attempted to answer the following research questions:

- Who participated in the action planning process?
- What transpired during the action planning process?
- What were the participants' feedback of the action planning process?
- What were the contents of the final action plan developed?

Section 2: Literature Review

Rural Area Substance Misuse

From 1999 to 2019, the rural county drug overdose death rate increased from 4.0 to 19.6 per 100,000 across the United States (Hedegaard & Spencer, 2021). Opioid overdose death rates were higher in rural than in urban counties from 2004 to 2017, but the rates were similar in 2018 and 2019 (Hedegaard & Spencer, 2021). In 2019, the U.S. rate of drug overdose deaths involving stimulants, such as methamphetamine, was 1.4 times higher in rural counties (6.7 per 100,000) (Hedegaard & Spencer, 2021).

Methamphetamine is a predominate concern in Illinois, particularly in southern and rural areas. Illinois recorded a 289% increase in the number of methamphetamine-related arrests between 2010 (863) and 2017 (3,362) (Weisner & Adams, 2019). Further, the methamphetamine-related arrest rate more than tripled between 2010 and 2017, from seven to 26 arrests per 100,000 residents (Weisner & Adams, 2019). A 2017 survey of Illinois law enforcement found methamphetamine was the greatest drug threat in the southern region, followed by opioids (U.S. Attorney's Office Central District of Illinois & Illinois Criminal Justice Information Authority, 2019).

Challenges to Treatment in Rural Areas

Those seeking behavioral health treatment in rural areas encounter many barriers. First, rural communities often experience more stigma surrounding behavioral health issues and less anonymity when seeking services (Larson & Corrigan, 2010; National Rural Health Resource Center, 2020). Second, behavioral health facilities are few and far between in rural areas (Gale, et al. 2019). Third, with few service providers in rural areas, individuals in need are forced to travel long distances for treatment. This reduces likelihood of completion (Pullen & Oser, 2014). Fourth, rural residents are more likely to be uninsured or underinsured than their urban counterparts and have fewer resources to pay for treatment (Gale, et al. 2019). Finally, rural residents are less likely to have access to treatment providers authorized to prescribe medications, such as buprenorphine, for substance use disorders (Edmond et al., 2015; Gale, et al., 2019).

The Deflection Program Model

In deflection programs, police or first responders directly connect individuals to a behavioral health treatment and/or other social service provider without imposing potential criminal sanctions on the individual (Lindquist-Grantz et al., 2021). To date, most programs have focused on offering substance use or mental health treatment (Charlier & Reichert, 2020). These programs have largely developed in the past five years and have followed five models or pathways (Table 1). The action planning group selected Officer Prevention and Officer Intervention pathways.

Table 1
Deflection Program Pathways

Pathway	Definition	Initiation Location
Self-referral	A first responder offers individuals who voluntarily initiates contact for services, a referral to services.	Police station, fire station, EMS
Active outreach	A first responder identifies or seeks out an individual in need of services and makes a referral to services.	In community
Naloxone plus (post-overdose)	A first responder engages an individual in services as a part of an overdose response.	In community, hospital/ emergency department, residence
Officer prevention	A first responder or co-responder team initiates service referrals, but no criminal charges exist nor are present, and hence no criminal charges can be filed.	In the community, "on-view," in response to a call, on patrol
Officer intervention	A first responder or co-responder team initiates service engagement and charges are filed and either held in abeyance or a citation with service requirement is issued.	In the community, "on-view," response to a call, on patrol

Note. Adapted from Charlier, J. A., & Reichert, J. (2020). Introduction: Deflection—Police-led responses to behavioral health challenges. *Journal of Advancing Justice, 3*, 1-13.

Lindquist-Grantz and colleagues (2021) found limited but promising evidence for improved recidivism, substance use, and psychosocial outcomes. A systematic review of 37 studies of pre-arrest and deflection programs revealed the programs were effective at preventing criminal offending and were promising for improving health and reducing social and public safety costs (Blais, 2022). However, the field of deflection requires additional and rigorous research (Charlier & Reichert, 2020).

Action Planning for Program Development

The focus of this evaluation was to examine the action planning process of a group of southern Illinois stakeholders to develop a police drug task force deflection program for persons with substance use disorders. Action planning is a process that results in a set of steps and tasks to effectively reach program objectives and goals (Creatly, 2021).

Action plan components include:

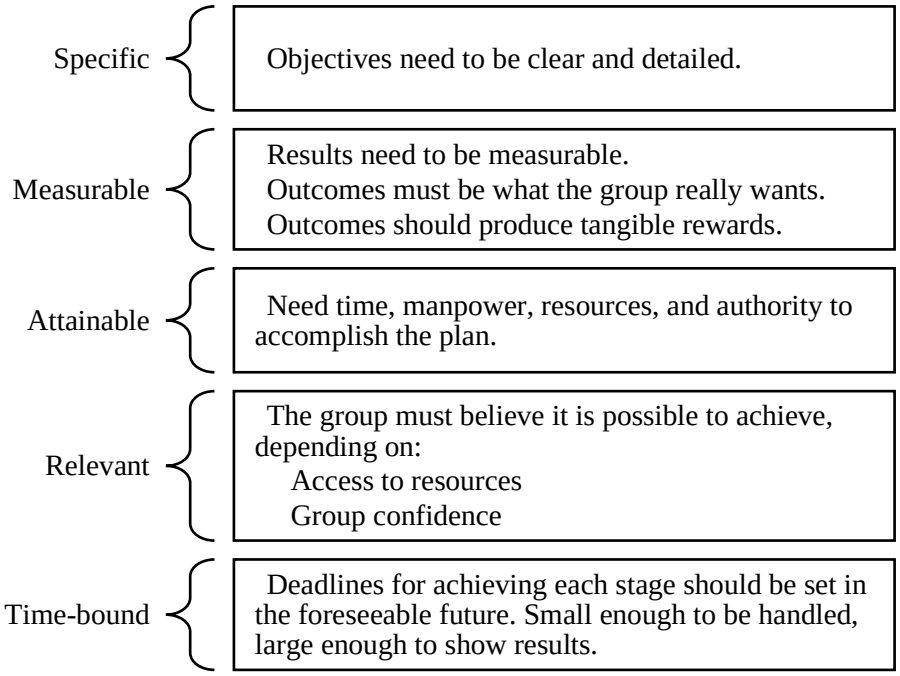
- A well-defined description of the goal to be achieved.
- Tasks and steps that need to be carried out to reach the goal.
- People who will be in charge of carrying out each task.
- Resources and deadlines for tasks to be completed.

- Performance measures to evaluate progress (Creatly, 2021).

Increased engagement and development of clear, concise goals are a benefit of action planning. Communication is imperative of any action plan to ensure team members have clear direction during the planning process. The process uses feedback gathered to "convert actionable information into positive change" (Arthur J. Gallagher & Co., n.d., p. 4). A detailed planning process provides important dates to achieve goals.

Strong action plans should use the S.M.A.R.T. elements (Figure 1). Objectives are specific, measurable, attainable, relevant, and with clear deadlines to accomplish the objectives.

Figure 1
S.M.A.R.T. Elements of a Good Action Plan



Note. Adapted from SAMHSA. (n.d.) *Setting goals and developing specific, measurable, achievable, relevant, and time-bound objectives*. https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf

Section 3: Background on Illinois Deflection Project

The State Multi-Jurisdictional Task Force Deflection Project

The State Multi-Jurisdictional Task Force Deflection Project is part of a larger project led and funded by the Illinois Department of Human Services (IDHS) in collaboration with the Illinois State Police (ISP), as part of the Southern Illinois Drug Task Force.

Project Funding

Beginning in 2022, the IDHS Cannabis Regulation Fund through the Cannabis Regulation and Tax Act (410 ILCS 705) has supported the action planning. IDHS receives 20% of the remaining Cannabis Regulation Fund allocations after costs associated with the implementation, administration, and enforcement of the Cannabis Regulation and Tax Act are paid (Illinois Department of Human Services, 2021). These funds may be used for treatment, education, and prevention of substance use disorder and mental health prevention (Illinois Department of Human Services, 2021). IDHS used these funds to contract with TASC Center for Health and Justice (CHJ) to conduct action planning, guide program implementation, and employ program staff. ICJIA is charged with providing research support to the sites. The U.S. Bureau of Justice Assistance provided a grant to ICJIA to support the evaluation through 2021.

Action Planning Process

TASC CHJ served as technical assistance provider to the deflection pilot sites. CHJ used its Deflection and Pre-Arrest Diversion Solutions Action Plan form to guide the action planning process (*Appendix A*).[1] The CHJ executive director was the action planning facilitator.

Upon action planning completion, CHJ will lead the implementation phase with training and technical assistance to support the action plan. Following implementation, CHJ will provide technical assistance for up to 90 days, as needed.

TASC will hire a local deflection administrator, supervisor, and specialist.

The deflection specialist is responsible for:

- Taking participant referrals from law enforcement.
- Making linkages for participants with services in the pilot site area.
- Engagement with the participant.
- Providing outreach.
- Engage, and build relationships with, community partners.

See Appendix B for the job description for the deflection specialist.

[1] For more on TASC's work in deflection, see the TASC Center for Health and Justice's website at https://www.centerforhealthandjustice.org/chjweb/tertiary_page.aspx?ID=62&title=Law-Enforcement--Pre-arrest-Diversion.

The Southern Illinois Deflection Initiative

Population and Drug-Related Crime in the Deflection Site

The deflection program serves seven southern Illinois counties. Pulaski County's population was the smallest, Franklin County's population was the largest, and all counties were predominately White (Figure 2). The counties were at or above the state percentage of residents below the poverty line. Four county employment rates were equal to or above the state unemployment rate.

Figure 2
County Population Characteristics, 2019

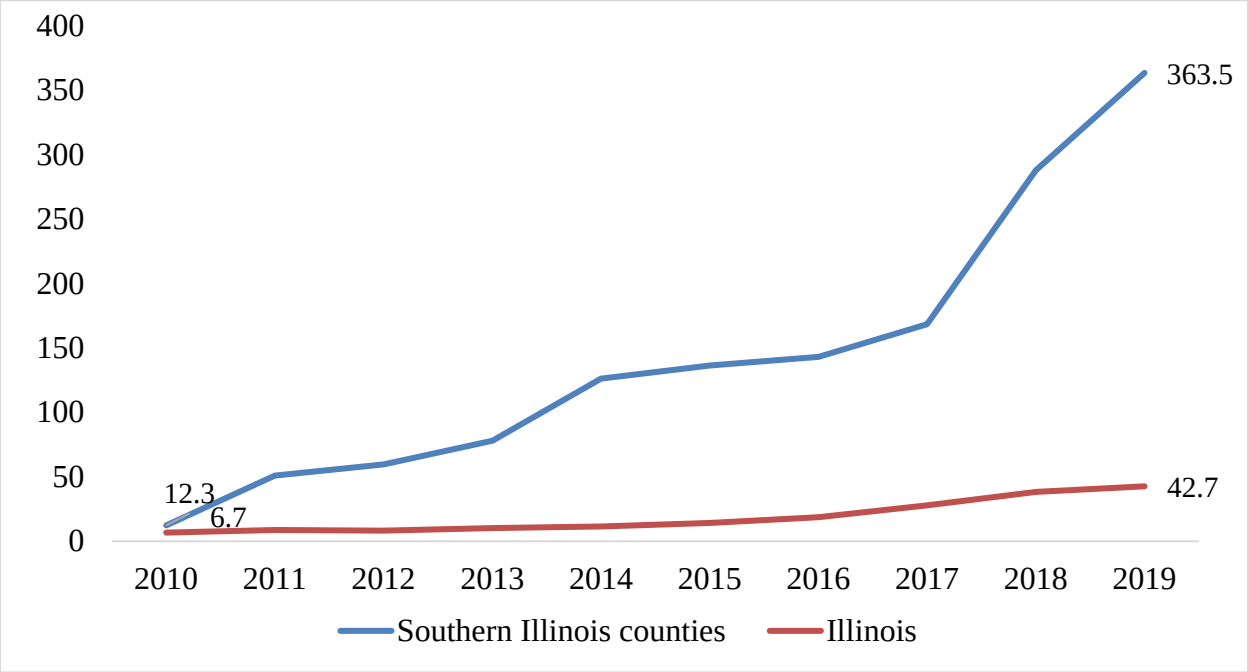
County		Race and ethnicity			Residents below poverty line	Children under 5 below poverty line	Unemploy-ment
	Population	Black	White	Latinx			
Alexander	6,260	35%	65%	1%	35%	39%	3%
Franklin	38,923	1%	98%	2%	20%	33%	4%
Hardin	3,939	3%	97%	1%	13%	46%	6%
Jefferson	37,385	10%	90%	3%	17%	34%	4%
Massac	14,216	7%	94%	3%	17%	29%	2%
Pulaski	5,510	33%	69%	2%	21%	39%	4%
Randolph	32,295	11%	88%	3%	13%	22%	3%
State	12,671,821	14.5%	60.8%	17.5%	13%	19%	4%

Note. Data source was the U.S. Census Bureau American Community Survey.

In a 2017 survey of Illinois law enforcement, respondents identified methamphetamine as the greatest drug threat in the southern region, followed by heroin and prescription drugs (U.S. Attorney's Office Central District of Illinois and Illinois Criminal Justice Information Authority. 2019). Collectively, in 2019, the seven counties had a methamphetamine arrest rate of 363.5 per 100,000 persons, which was 8.5 times higher than the state rate of 42.7 per 100,000 persons (Federal Bureau of Investigation [FBI], 2019) (Figure 3). The counties' arrest rate for methamphetamine increased from 18 residents in 2010 to 463 residents per 100,000 in 2019 (Federal Bureau of Investigation [FBI], 2019).

Figure 3

Methamphetamine Arrests per 100,000 persons in the Project Area and Illinois, 2019

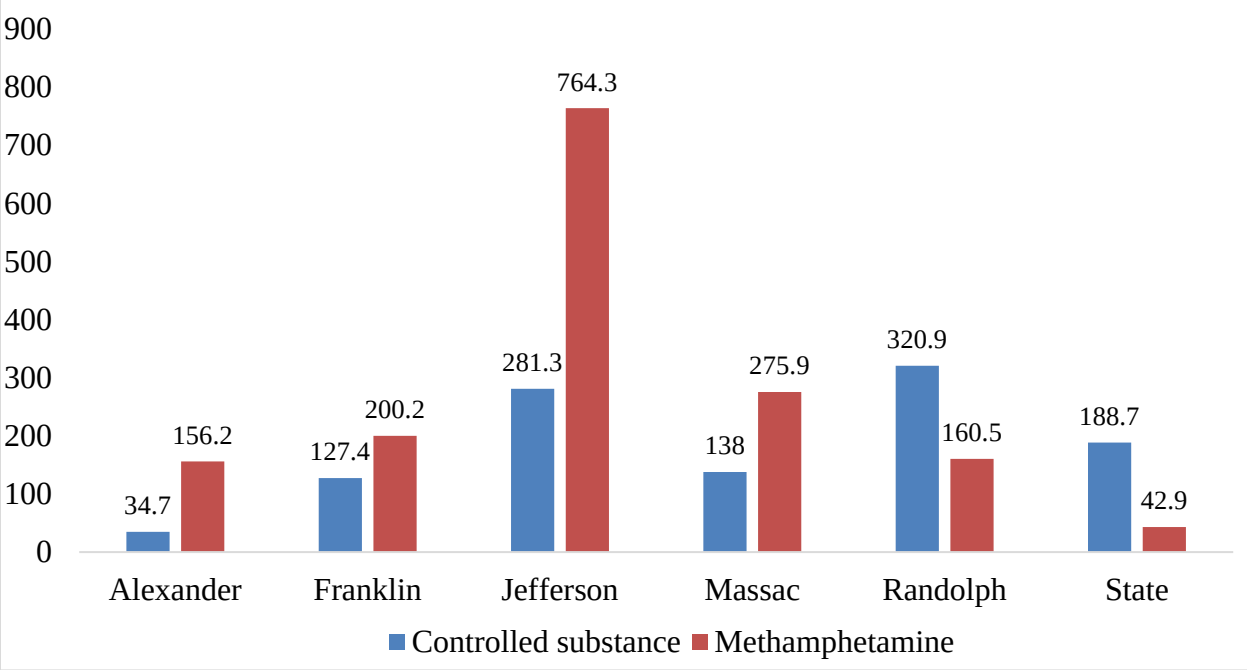


Note. Analysis of FBI UCR data. Counties include Alexander, Franklin, Hardin, Jefferson, Massac, Pulaski, and Randolph.

In 2019, methamphetamine arrest rates in four of the five counties (two counties did not report) were higher than controlled substance arrest rates (Figure 4). Overall, 80% of SIDTF cases were for delivery of a controlled substance, which is a Class 2 felony or higher (B. Grzechowiak, personal communication, August 16, 2021). From 2016 to 2018, 68% of arrests in the SIDTF service area were methamphetamine-related (B. Grzechowiak, personal communication, November 2, 2021). The number of cannabis arrests in all seven counties decreased from 472 in 2010 to 40 in 2019.

Figure 4

Controlled Substance and Methamphetamine Arrest Rates per 100,000 persons in the Project Areas and Illinois, 2019



Note. Analysis of FBI UCR data. Data was unavailable for Hardin and Pulaski counties.

The Illinois Department of Public Health (n.d.) concluded that, in 2019, Pulaski County had the highest fatality rate of 3.72 per 10,000 persons in the SIDTF coverage area. Jefferson County had the highest non-fatal overdose rate at 6.83 per 10,000 persons that year (Illinois Department of Public Health, n.d.). The Illinois rate of fatal opioid overdoses in 2019 was 2.23 per 10,000 persons. The Illinois rate of non-fatal opioid overdoses was 11.50 per 10,000 persons. Pulaski County was the only county where the fatal overdose rate was higher than that of Illinois.

Southern Illinois Drug Task Force

The Southern Illinois Drug Task Force (SIDTF) covers Alexander, Franklin, Hardin, Jefferson, Massac, Pulaski, and Union (Map 1). In 2020, eight local police agencies participated in SIDTF. A participating agency contributes either personnel or financial resources to SIDTF. Nine officers were assigned by participating agencies to the task force and two were assigned by ISP. In 2021, seven agencies provided seven full-time officers to the task force; they worked out of a central office.

Map 1
Southern Illinois Drug Enforcement Group Coverage Area

Southern Illinois Action Planning Sessions

The southern Illinois deflection initiative started with a virtual kick-off meeting on August 4, 2021. IDHS organized the meeting and officially introduced the project to local social service providers. More than 40 people attended the meeting. The meeting began with introductions from state agency leaders involved in the initiative. TASC CHJ provided a presentation on deflection and the action planning process. The presentation led to some confusion. Two people asked for further direction, including what the plan was and participant selection. One person wrote in the chat, “we're already doing this you're going to cause confusion by doing this.” Despite that feedback, one TASC operational staffer noted how excited participants were about the initiative.

Action planning sessions were held over three days in August at the Illinois State Police District 13 headquarters in Du Quoin (Perry County). The local action planners group included SIDTF members and representatives of local social service agencies. Also in attendance were IDHS, TASC Operations, ICJIA representatives, and two PTACC national subject matter experts. The culmination of the action planning process was an action plan to implement the deflection

program. We provide details on the action planning process, participation, and the final action plan document in Section 5.

Section 4: Methodology

To evaluate the action planning process, we analyzed field observations, supportive documents, and participant surveys. Throughout the action planning process, deflection program organizers with TASC CHJ, TASC Operations, and IDHS were supportive and inclusive of the research team. The secretary of ICJIA's Institutional Review Board approved the proposed research as program evaluation rather than human subjects research.

Field Observations and Supportive Documents

Three researchers completed 19 hours of field observations. These occurred over two, eight-hour action planning sessions held from 9 a.m. to 5 p.m. on August 18, 2021, and August 19, 2021, and one three-hour session from 9 a.m. to 12 p.m. on August 20, 2021. All sessions were conducted in person and audio-recorded; participants were informed of session recording for research purposes. Field observations gave us an overview of the action planning sessions and a narrative of day-to-day interaction and discussions among participants. Following well-established, ethnographic methodology, researchers jotted down abbreviated handwritten notes of conversations, interactions, and content during each session (Emerson et al., 1995).

In addition to field notes and audio recordings, researchers drew on the action planning form (*Appendix A*). Facilitators sent an updated form to researchers with notes from each day's discussion.

Six people representing four organizations participated at least one day of the process

Participant Surveys

Paper Survey

We administered paper surveys after each session. We measured responses using a Likert scale of 1 to 4 [e.g., very good (1) to very poor (4)]. The survey included questions on the participants' views of the action planning process, participant collaboration, and the participants' intentions upon action planning completion. Surveys consisted of 10 questions on the first day, 11 on the second day and 12 on the third day. The number of survey respondents varied from four respondents on Day 1 to three respondents on Day 3 (Table 2).

Table 2
Paper Survey Respondents

Action planning session	***n***
Day 1	4
Day 2	4
Day 3	3
Total	11

Online Survey

We created a two-minute online survey using Qualtrics software. The survey included seven questions on demographics—age, race, ethnicity, education, income, field of work, and years in the field. We asked one open-ended question: "Please share any thoughts you might have about the action planning process." We emailed the survey to all participants on Day 2. A total of 2 of 4 participants responded.

Data Analysis

We saved field notes and supportive documents using Microsoft Word. We analyzed the qualitative data using note-based and memory-based analysis techniques to summarize the findings (Kreuger, 1997), referring to the audio-recordings as needed. We summarized what transpired sequentially for each day of action planning as each day's work built on that of the previous day. We exported the online survey data from Qualtrics to Excel for analysis, performing descriptive statistics.

Study Limitations

We experienced some limitations in evaluating this effort. First, we drew mostly on discussions during the sessions without knowing participants' internal thoughts and feelings, except through brief, close-ended survey questions. Second, because only two local social service providers participated, representation of the local community in this evaluation was limited. Finally, as Chicago-based researchers, we were "outsiders," not living or working in the community being served, unable to ascertain group dynamics or potential interpersonal issues, and without much historical and community context.

Section 5: Evaluation Findings

Section 5.1: Action Planning Participants

TASC's Center for Health and Justice and IDHS organized the planning sessions. TASC CHJ Executive Director Jac Charlier served as the primary facilitator. IDHS Senior Project Manager Jason Stamps served as program director and organizer and served as a point of contact for participants. In addition, the following non-participants attended in person:

- TASC CHJ staff (*n* = 1)
- TASC, Inc. staff (*n* = 2)
- Subject matter experts (*n* = 2)
- ICJIA researchers (*n* = 1)

Subject Matter Experts

TASC CHJ, through the Police, Treatment, and Community Collaborative,[2] subcontracted with two subject matter experts to provide support during all project phases of work, including kick-off meetings, action planning sessions, implementation, and technical assistance. They offered their perspectives as they had previous experience with a deflection solutions action planning process and/or operated deflection and related programs. One expert had lived and professional experience and the other had a law enforcement background. They included:

- Mariel Hufnagel, Court Appointed Special Advocates of Union County, New Jersey[3] and Hufnagel Holistic Solutions
- Daniel Meloy, Community Services Solutions, a division of Homeland Security Solutions, Inc.

Community Members

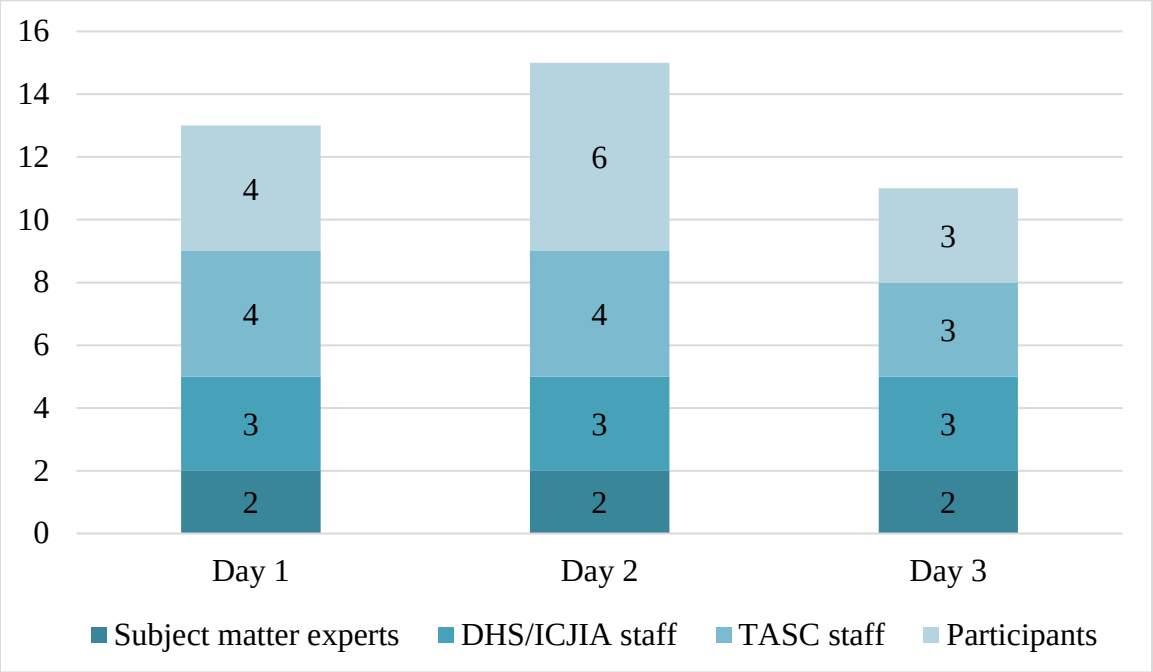
Local agencies and social service providers participating in the action planning process represented the following agencies:

- Illinois State Police SIDTF
- Massac County Mental Health Center
- Comprehensive Connections, a Mt. Vernon social service agency serving multiple southern Illinois counties.
- Spero Family Services, a Mt. Vernon social service agency serving multiple southern Illinois counties

The number of participants varied from Day 1 to Day 3, ranging from three to six (Figure 5).

[2] PTACC is an alliance of practitioners to strategically widen community behavioral health and social service options available through law enforcement diversion. See website at https://ptaccollaborative.org/.
[3] See website at https://www.casaofunioncounty.org/.

Figure 5
Number of Action Planning Session Attendees, By Day



Note. Data sources were field observations and attendance sheets.

We administered an online survey to action planning participants and two responded. The respondents represented law enforcement and substance abuse/mental health fields. Respondent characteristics included a White, non-Latinx female and male between the ages of 42 and 51. One had a bachelor's degree and one had a master's degree, with incomes between $70,000 and over $90,000.

Section 5.2: Action Planning Proceedings

We offer a summary of what transpired during action planning sessions based on field notes and session audio recordings. We provide the information chronologically from Day 1 to Day 3.

Action Planning Day 1

Participation. At the beginning of the Day 1, the facilitator acknowledged the work of the participants and stressed that the process would be hard work. The facilitator asked participants to contact other local social service providers who were not in attendance to increase local participation. One subject matter expert made welcoming remarks, acknowledging participants for their commitment to the process.

A local social service provider representative served as notetaker. The group, though small, was engaged throughout the process. The group seemed to be at ease with each other and spoke openly.

Program Purpose. The facilitator engaged participants in a discussion on the purpose of developing a deflection program. He also explained the steps of the action planning process and answered questions. The facilitator kept the group focused and reminded them that his role was to guide and not make decisions. The facilitator gave a PowerPoint presentation explaining the deflection pathways (Table 1). The discussion focused on finding more and better behavioral health and social service options. By the end of the morning session, the group easily agreed on the focus of the program. The deflection program planned to focus on the collateral people rather than the primary subject of a SIDTF investigation. These would include family members or associates who may be in need of substance use disorder treatment.

The TASC deflection specialist, who will be responsible for connecting participants to services within the targeted geographic communities, would be hired later and would serve as a bridge between law enforcement and treatment. During this discussion, the facilitator gave the participants positive feedback and encouraged continued participation in discussions.

Data Presentation. The IDHS representative, in collaboration with the ICJIA research team, gave a data presentation on the prevalence of substance use and arrests in the participating counties. Participants were engaged in the presentation and made numerous comments about the material. All agreed the data presented reflected their communities.

Community Issues. Participants agreed the counties participating in the deflection program had limited resources. One participant stated they believed convincing people to participate, or “take a bite of this program”, would be difficult. Another participant said they did not believe drug courts reduced substance use disorders in the southern region. The participant further stated that since “nothing is breaking the cycle” of substance misuse, the deflection program needs a chance to work. The facilitator consistently reminded the group that deflection programs prioritize treatment over criminal justice system involvement.

Outcome Measures. The group discussed program outcome measures. While the group easily discussed metrics of success, they had some difficulty formulating measurable objectives. One participant stated they may require technical assistance on data collection. The group had a productive discussion on outcomes with much interaction and participation.

Community Partners. Two participants were local social service providers. All participants agreed increasing the number of local social service providers and increased engagement was a priority. One service provider said that more organizations would have participated in the session via Zoom and that the time required of the action planning process may not have been feasible for some.

The group brainstormed to identify local social service providers. The group created a list of additional local social service providers to engage in the process. While everyone participated, the two TASC operational staff participants spoke most often and added the most organizations to the list. The facilitator asked the social service providers to invite their contacts to participate in the rest of the process.

Deflection Program Capacity. All present discussed the capacity of the deflection program. Participants were actively engaged in conversation on behavioral health and substance use disorder treatment availability, options, and funding. The facilitator reminded the group to focus on how many individuals could be deflected each month given the limited available resources. Participants were engaged in a thoughtful discussion about options and alternatives to overcome limited resources. Ideas on how to overcome limited resources included improved ways for participants to get community-based services, greater service capacity, and increased and strengthened partner relationships.

Eligibility. The group discussed how to manage situations where those approached for the program do not participate. The group discussed setting parameters for those who do not engage with a deflection specialist. The group agreed that more discussions would be needed to identify related potential legal issues. The group also discussed whether other criminal justice agencies would need to be involved in some deflection decisions. The main goal of all the participants was intervention, deflection and preventing future justice involvement.

Participant Feedback. Researchers asked participants to complete a survey at the end of each session. Table 3 provides a summary of their feedback on the first session. All agreed that the stated purpose of the program was clear and concise and the right participants were involved in the process to create an action plan. The participants also agreed that the group succeeded in defining the problem(s) to be addressed and that collaboration and agreement among the community members was strong. However, most participants expressed that too few local social service providers were involved in the process. One also suggested engaging Illinois Association of Behavioral Health and other associations.

Table 3

Survey Responses After Day 1 of Action Planning

	Strongly disagree	Disagree	Agree	Strongly agree
The stated purpose of our deflection initiative is clear and concise.	0	0	0	4
Appropriate outcome metrics have been identified to evaluate the effectiveness of the program.	0	0	3	1
The right participants are involved in this action planning process.	0	0	3	1
The data presentation was informative to the action planning group and process.	0	0	0	4
I am confident that our community partners are the right ones to help us achieve our goals.	0	0	2	2
	Very weak	Weak	Strong	Very strong
How strong is the level of collaboration and agreement among your community members?	0	0	3	1
	Very Poor	Poor	Good	Very good
How do you feel the group did in defining the problem(s) that the deflection program will address?	0	0	1	3
	Not at all	Very little	Somewhat	To a great extent
To what extent do you think the right community partners have been identified for the deflection initiative?	0	0	2	2
	Few	Too few	Many	Too many
How do you feel about the number of community partners who will be involved in the initiative?	1	2	1	0
	Poor	Fair	Good	Excellent
How would you rate the overall guided action planning process so far?	0	0	0	4

Note. Data from survey responses at the end of day one of action planning, August 18, 2021. The sample size was four.

Action Planning Day 2

Participation. Two additional local social service provider participants joined Day 2 via Zoom. Both stated they had little information on the purpose and goals of the action planning process.

Deflection Specialist. A participant suggested clients' mistrust of police may become a barrier to program deflection participation. To address the issue, they suggested the TASC deflection specialist, charged with connecting participants to services, should operate independently of SIDTF. Another person suggested the deflection specialist should be accessible by phone. A local social service provider expressed a concern about filling the deflection specialist position. SIDTF members expressed a desire to start the deflection initiative immediately and had concerns about the time required to complete deflection team member training.

Strategies to Achieve Outcomes. The group discussed strategies to achieve program outcomes established on Day 1. Even with facilitator guidance, the group appeared to have difficulty developing strategies to achieve their objectives. Ultimately, the outcomes were designed to measure administrative functions, such as meetings, public events, and program promotion.

Participants engaged in lively discussion. They often offered to help each other, such as by sharing local service provider lists. Often the discussions turned to unrelated topics and the facilitator would guide them back to task.

Service Provision. Much discussion on service provision focused on deflection program funding. One person stated, "I'm sweating writing grants because I'm nervous we'll lose funding." One of the subject matter experts urged them move past funding issues, suggesting they wait to have funding conversations until the program was designed. An IDHS representative noted the Cannabis Regulation Fund through the Cannabis Regulation and Tax Act would support the program. A subject matter expert suggested the group explore non-government funding, such as through churches and private businesses. The facilitator noted much time had been spent discussing funding issues.

The group discussed available community-based services. Local social service providers said long waiting lists created a barrier to treatment access. The group was open to developing new programs to alleviate wait lists, if needed. One service provider offered to coordinate coverage for mental health intake 24 hours a day, seven days a week, which was not currently available. The group collaborated well, sharing ideas and assisting each other.

Implementation. The group did not discuss program implementation at length. One participant said creating a public campaign for the program would be a large undertaking. The participants noted many social service providers in the area were already taking on large projects. The facilitator suggested revisiting implementation again in the next few months. Everyone agreed that that was the best idea.

Evaluation. The facilitator reminded the participants that researchers were evaluating the planning process. The group discussed details of the evaluation, evaluation time frame, and feedback loops. Participants said the evaluation should inform program development. TASC operations staff discussed how they would collect data on deflection program clients. Someone suggested engaging college researchers to evaluate deflection programs.

Participant Feedback. At the end of Day 2, all four participants rated very high all levels of the action planning process and decision making (Table 4). Again, participants expressed that too few local social service providers were involved in the process. One person believed the level of community member engagement was weak and one person said community buy-in for this initiative was inadequate.

Table 4
Survey Responses After Day 2 of Action Planning

	Very weak	Weak	Strong	Very strong
How would you rate the level of collaboration among your community members?	0	0	3	1
How would you rate the level of community member engagement in the action planning process?	0	1*	1	2
	Too slow	Slow	Fast	Too fast
How would you rate the pacing of the action planning process?	0	0	4	0
	Strongly disagree	Disagree	Agree	Strongly agree
The topics covered during the action planning process have been clearly explained and discussed.	0	0	0	4
Appropriate outcome metrics have been identified to evaluate the effectiveness of the program.	0	0	3	1
There is adequate community buy-in for this initiative.	0	1	2	1
Our action planning group had decided on the appropriate strategies to help us achieve our goals	0	0	1	3
	Not at all	Very little	Somewhat	To a great extent
To what degree do you have confidence that your group made the right decision on pathway(s)?	0	0	0	4
	Poor	Fair	Good	Excellent

How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	0	1	3
How would you rate the overall guided action planning process so far?	0	0	1	3
	Completely unfeasible	Not very feasible	Feasible	Very feasible
How feasible do you think your strategies are to achieve your overall goal?	0	0	2	2

*Participant added "not enough involved"

Note. Data from survey responses at the end of Day 2 of action planning, August 19, 2021. The sample size was four.

Action Planning Day 3

Reflections on Action Planning. On the final day of action planning, the facilitator stated the group was productive and successful in developing a full action plan in two days. Local deflection team members, TASC operational staff and DHS members shared the objectives and strategies developed during that time. This led to a discussion on why the program is important. The group seemed to be excited about building connections between law enforcement and community. SIDTF members said they would define success as not coming into repeat contact with the same person

One local participant shared hiring concerns and noted service provider fatigue creates a barrier. In addition, the group recognized a need for strengthened communication among community members.

Community Awareness. The group discussed how to spread awareness to the southern Illinois community about the program. They suggested developing presentation materials and providing education on the deflection initiative at community events. A participant suggested hosting a public meeting or celebration to promote awareness.

Participant Feedback. On Day 3, all participants appeared comfortable participating. The group preferred conducting action planning in person. They agreed the program would help their community and that they established a realistic action plan (Table 5).

Table 5
Survey Responses After Day 3 of Action Planning

	Very Poor	Poor	Good	Very good
Overall how would you rate the persons leading the action planning process?	0	0	0	3

How did you find the use of the in-person format rather than virtual for the action planning process?	0	0	0	3
	Strongly disagree	Disagree	Agree	Strongly agree
I felt comfortable participating in the action planning discussion.	0	0	0	3
I felt like everyone participating in the action planning process had their voices heard.	0	0	0	3
Adequate resources are available for your group to implement our plan of action.	0	0	1	2
The outcomes developed by our group are measurable.	0	0	0	3
	Very unlikely	Unlikely	Likely	Very likely
How likely do you think you will take an active role in the implementation of your action plan?	0	0	1	2
	Very weak	Weak	Strong	Very strong
How would you rate the potential for lasting and ongoing collaboration within your community action planning group?	0	0	0	3
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	0	1	2
	Completely unsustain-able	Not very sustainable	Somewhat sustainable	Very sustain-able
At this point, how would gauge the likelihood of sustainability of this initiative over time?	0	0	1	2
	Not at all	Very little	Somewhat	To a great extent
To what extend do you think this initiative will ultimately help your community?	0	0	0	3
To what extend do you believe your group has established a realistic action plan through this process?	0	0	1	2

Note. Data from survey responses at the end Day 3 of action planning, August 20, 2021. The sample size was four.

Section 5.3: The Completed Action Plan Document and Next Steps

The action planning process culminated in the Solutions Action Plan (SAP). This section outlines the final contents of the action plan detailing their pathway to program implementation.

Outcome Objectives

At the end of the action planning process, the group developed three outcome objectives with corresponding strategies. The outcomes and strategies included:

Outcome 1: Improved ease of access for clients to obtain needed services.

- *Strategy 1*: Develop comprehensive resource list to include, but not limited to: providers, community members, faith-based services, housing, education, and others, to be updated quarterly by a deflection team member.
- *Strategy 2*: Establish priority population.

Outcome 2: Create a greater service capacity for community providers and law enforcement.

- *Strategy 1*: Understanding deflection area services.
- *Strategy 2*: Restructure from #1 within deflection initiative.
- *Strategy 3*: Create public campaign to achieve greater service capacity.

Outcome 3: Build new partner relationships and strengthen long standing ones.

- *Strategy 1*: Monthly deflection team meetings (line staff).
- *Strategy 2*: Quarterly system meetings.
- *Strategy 3*: Quarterly meetings with deflection participants and public.
- *Strategy 4*: Public facing meeting/celebration/awareness.

Action Steps

A set of action steps were developed for each strategy. These were either short-, medium-, or long-term actions the group would take to achieve their collective outcomes. Action step timeframes included the following:

- Short-term actions completed in 60 days.
- Medium-term actions in 180 days.
- Long-term actions in 365 days.

The plan included one short-term action, three medium-term actions and 11 long-term action steps.

The short-term action step included:

- Compile available resource list.

Medium-term action steps were:

- Take what was learned from list compilation and organize and evaluate gained information.

- Develop common language and presentation materials.
- Provide education about deflection initiative at community events.

Long-term action steps included:

- Identify the gaps in services/resources to add to the resource list.
- Have local deflection team member meet with each service provider.
- Determine which providers will make deflection clientele a priority.
- Investigate the possibility of rule changes in all areas.
- Inform all involved parties of what was learned.
- Create basic materials on what was learned to share internally
- Create basic materials on what was learned to share publicly.
- Hold monthly deflection team meetings.
- Plan committee for agenda setting in anticipation of quarterly meeting.
- Hold quarterly system meetings.
- Hold quarterly meetings with deflection participants and public.

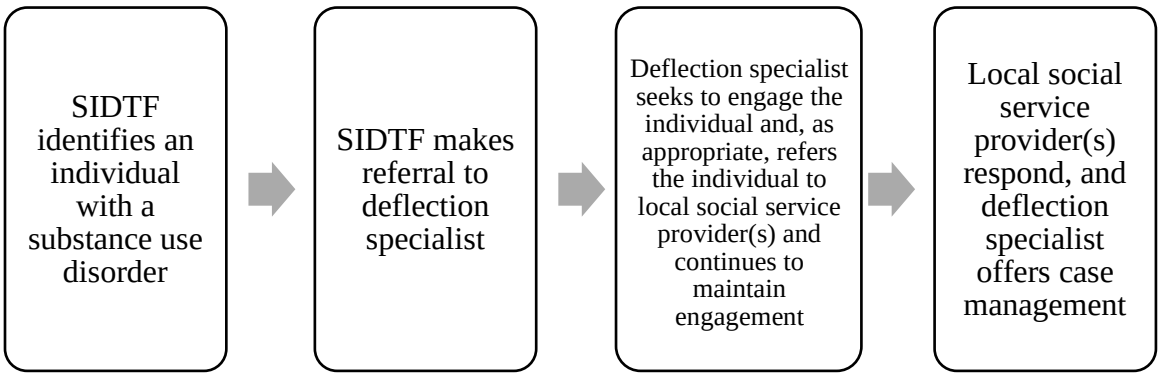
Solutions Action Plan Implementation

Upon completion of the action plan, the Community Advisory Team, a designated subset of the local action planning team, planned to meet regularly to work on the action steps.

The team developed a preliminary plan for evaluating the program, which included SIDTF, TASC deflection specialists, local social service agencies, and ICJIA. The group decided to hold leadership team meetings on a regular basis to address suggested program adjustments.

Figure 6 provides an overview of the proposed deflection program in practice based on the plan developed by the action planning group.

Figure 6
Southern Illinois Deflection Program Flow Chart



Section 6: Discussion and Recommendations

With the evaluation findings, we offer observations on the process and suggestions for enhancing future action planning and program development. Some recommendations may require resources that may not be available.

Consider Action Planning Attendees

Engage a Larger Number of Local Participants

As noted, only four local social service providers participated in the action planning sessions. Only two of the providers were present all three days. TASC CHJ conducted extensive pre-action planning outreach to all who attended the kick-off session and identified new providers and potential partner organizations prior to action planning. Further, organizers sent reminder emails on Day 1 and Day 2 to all organizations inviting them to attend even if they had missed part of the process.

Lack of access to treatment facing rural residents is likely to hinder the continued involvement of those entering treatment (Fortney, 2002). A large number of community organizations and local social service providers representing multiple service areas should be present at the planning meetings.

The best way to address complexities of substance use disorder is through a multidisciplinary model of care (Sdrulla, 2015). Medical, psychiatric and psychosocial needs must be addressed to successfully treat substance use disorder (Sdrulla, 2015). Community/local social service partners were identified and invited during the kick-off meeting and participants were unaware of reasons for the lack of participation. While survey responses noted that the right community/local social service partners were at the table, more needed to be present. According to the World Health Organization, “Whenever possible, different services need to be engaged in treatment delivery with appropriate coordination, including psychiatric, psychological and mental health care; social care and other services, including for housing and job skills/ employment and, if necessary, legal assistance.”

One possible reason for the lack of community/local social service provider involvement was that many were already engaged in a project to create a mobile crisis team in the area. Coordinating project timelines with preferred stakeholders would help to avoid scheduling overlaps. Being overcommitted and not having time or ability to fully commit to the issue is often an obstacle to participation (Community Tool Box, n.d.).

Consider Role of Subject Matter Experts and Outsiders

The organizers should consider reducing the number of outsiders who do not live or work in the southern Illinois area attending the action planning sessions (Staples, 2000). Five outsiders were present in person and two attended virtually throughout the process, including TASC CHJ, IDHS, TASC operations, and ICJIA representatives and subject matter experts. If possible,

organizers should recruit local experts and decrease the number of non-participating personnel present during the process.

Increase Participant Understanding During Action Planning

Participants were lacking details on the deflection program and action planning process. Facilitators presented background information and an explanation of the action planning process at the kick-off meeting, which was well attended. However, only four of the kick-off participants attended the action planning meetings. Two participants attending on Day 2 stated they were told to attend by their supervisor and were unclear on the premise of the program.

The organizers should establish, and make clear, the purpose of the sessions early in the process. Sharing a purpose statement in advance can "ensure everyone who attends the meeting comes with shared goals and expectations" (Skinner, 2021). To help establish the purpose of the planning sessions, organizers should "begin with the end in mind," which will help them provide details with clarity and mutual understanding (Skinner, 2021). These details include group goals and roles of the participants, facilitator, organizers, researchers, and any others attending the action planning session (Skinner, 2021).

Create Goals and Measurable Objectives

The group easily developed and agreed on objectives. Yet the majority of them were not measurable. When action planning, groups should start with broader goals and distill them into objectives (Indeed Editorial Team, 2021). According to the Centers for Disease Control and Prevention (n.d.-a):

- **Goals** are statements explaining what the program seeks to accomplish. Goals are broad general statements with long-range direction. Objectives break the goal down into smaller parts that provide specific, measurable
- **Objectives** are the results expected to achieve by the program.
    - **Process objectives** are activities completed in a specific time period.
    - **Outcome objectives** are intended results or effects of a program, often changes in policy, knowledge, attitudes, or behavior.

TASC CHJ acknowledged the importance of developing detailed goals and objectives, but due to the limited number of action planning participants, they intentionally did not work to develop detailed goals and objectives (J. Charlier, personal communication, March 3, 2022).

Develop Logic Models

In order to "get off to a good start", logic models can help new programs during the planning phase Logic models visually depict the relationship between inputs (e.g., resources, stakeholders), outputs (e.g., program activities), ways to measure outputs, and short- and long-term goals (Centers for Disease Control and Prevention, n.d. -b). They also help organize and

conceptualize how the program's inputs and outputs will help achieve its intended goals (Center for Violence Prevention and Intervention Research, 2019).

Action planning participants can collectively develop a logic model during planning and use it to:

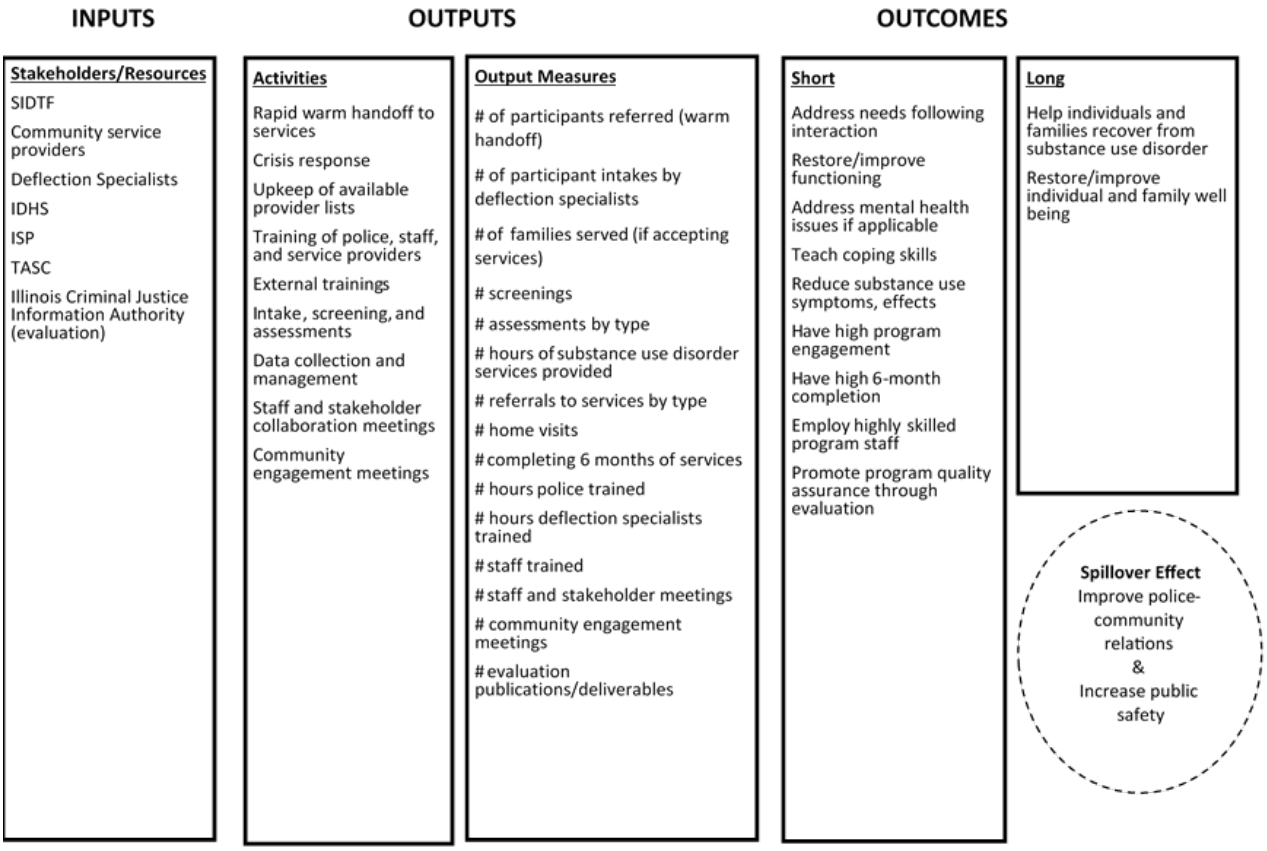
- Clarify program strategy.
- Identify appropriate outcome targets (and avoid over-promising).
- Align efforts with those of other organizations.
- Assess the potential effectiveness of an approach.
- Set priorities for allocating resources.
- Estimate timelines.
- Identify necessary partnerships.
- Focus discussions and make planning time more efficient (Community Tool Box. n.d.).

TASC CHJ decided that due to the small size of the group, a logic model would be taxing for the participants to develop (J. Charlier, personal communication, March 5, 2022). Therefore, the action planning group did not work on developing a logic model.

Figure 6 provides an example of a logic model for a deflection program seeking to offer services to persons with a substance use disorder. Organizers should consider using logic models to further help participants conceptualize their program.

Figure 6

Southern Illinois Deflection Program Logic Model Example



Note. ICJIA researchers created as an example logic model; it was not developed with the southern Illinois action planning group.

Section 7: Conclusion

We conducted an evaluation of the action planning process of a program to assist individuals in seven counties in southern Illinois with behavioral health needs. The program will use a deflection model, in which multijurisdictional drug task force police refer individuals to services. Action planning increases community engagement, results in clear and concise goals, and helps to identify steps toward achieve goals and objectives (Creatly, 2021). Action planning process participants discussed community issues, needs, collaboration, and resources, as well as program structure, design, and implementation. The discussions culminated in an action plan document with objectives and action steps for the next phase of the program: implementation.

Recommendations for future action planning includes ensuring attendance and participation of a well-rounded group of local service providers. This helps assure all stakeholders have a voice in the project and all service areas are detailed and covered. Next, we suggest less involvement/discussion from subject matter experts, especially when local team participants are fully engaged. Finally, defining measurable goals and objectives and creating a logic model can help the local deflection team develop a viable program.

References

Arthur J. Gallagher & Co. (n.d.). *Action planning guide*. https://www.colorado.edu/faculty-staff-engagement/sites/default/files/attached-files/action_planning_guide.pdf

Blais, E., Brisson, J., Gagnon, F., & Lemay, S. A. (2022). Diverting people who use drugs from the criminal justice system: A systematic review of police-based diversion. *International Journal of Drug Policy, 105*, 103697. https://doi.org/10.1016/j.drugpo.2022.103697

Center for Violence Prevention and Intervention Research. (2019). *Logic models: Practical planning to reach program goals.* Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/articles/logic-models-practical-planning-to-reach-program-goals

Centers for Disease Control and Prevention. (2020). *Wide-ranging online data for epidemiologic research (WONDER).* https://wonder.cdc.gov

Centers for Disease Control and Prevention. (n.d. -a). *Evaluation guide: Developing and using a logic model.* https://www.cdc.gov/dhdsp/docs/logic_model.pdf

Centers for Disease Control and Prevention. (n.d. -b). *Evaluation guide: Writing SMART objectives*. https://www.cdc.gov/dhdsp/docs/smart_objectives.pdf

Charlier, J. A., & Reichert, J. (2020). Introduction: Deflection—Police-led responses to behavioral health challenges. *Journal of Advancing Justice, 3*, 1-13.

Community Tool Box (n.d.). *Learn a skill*. https://ctb.ku.edu/en/table-of-contents

Creatly. (2021). *The easy guide to developing an effective action plan*. https://creately.com/blog/diagrams/how-to-write-an-action-plan/

Cruikshank, J. (1990). The outsider: An uneasy role in community development. *Canadian Social Work Review, 7*(2), 245-259. https://www.jstor.org/stable/41669351

Edmond, M. B., Aletraris, L., & Roman, P. M. (2015). Rural substance use treatment centers in the United States: An assessment of treatment quality by location. *The American Journal of Drug and Alcohol Abuse, 41*(5), 449-457. https://doi.org/10.3109/00952990.2015.1059842

Emerson, R. M., Fretz, R. I., & Shaw, L. I. (1995). *Writing ethnographic fieldnotes*. University of Chicago Press.

Federal Bureau of Investigation. (2019). *Crime in the United States, 2019.* https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/home

Federal Bureau of Investigation. (n.d.) *Crime in the United States, 2019. Table 8, Illinois offenses known to law enforcement by city, 2019.* https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/tables/table-8/table-8-state-cuts/illinois.xls

Fortney J., & Booth, B. M. (2002). Access to substance abuse services in rural areas. *Alcoholism*, 15. https://doi.org/10.1007/978-0-306-47193-3_10

Gale, J., Janis, J., Coburn, A., & Rochford, H. (2019). *Behavioral health in rural America: Challenges and opportunities*. Rural Policy Research Institute. http://www.rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-AmericaChallenges-and-Opportunities.pdf

Hedegaard, H., & Spencer, M. R. (2021). *Urban- rural differences in drug overdose death rates*. Centers for Disease Control, National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db403.htm

Illinois Department of Human Services. (2021). *FY22 Health & human services virtual budget briefing Q & A.* https://www.dhs.state.il.us/page.aspx?item=134289

Illinois Department of Public Health. *Opioid data dashboard*. http://idph.illinois.gov/opioiddatadashboard/

Indeed Editorial Team. (2021). *What is the difference between goals and objectives*. https://www.indeed.com/career-advice/career-development/difference-between-goals-and-objectives

Krueger, R. A. (1997). *Analyzing and reporting focus group results.* SAGE publications.

Larson, J. E., & Corrigan, P. W. (2010). Psychotherapy for self-stigma among rural clients. *Journal of Clinical Psychology, 66,* 524-536. https://doi.org/10.1002/jclp.20679

Lindquist-Grantz, R., Mallow, P., Dean, L., Lydenberg, M., & Chubinski, J. (2021). Diversion programs for individuals who use substances: A review of the literature. *Journal of Drug Issues, 51*(3), 483-503. https://doi.org/10.1177/00220426211000330

National Rural Health Resource Center. (2020). *Small rural hospital transition (SRHT) project behavioral health care coordination summit: Summit findings*. https://www.ruralcenter.org/sites/default/files/2020%20Rural%20Behavioral%20Health%20Care%20Coordination%20Summit%20Report.pdf

Pullen, E., & Oser, C. (2014). Barriers to substance abuse treatment in rural and urban communities: Counselor perspectives. *Substance Use Misuse, 49*(7), 891-901. https://doi.org/10.3109/10826084.2014.891615

Reichert, J., Adams, S., Otto, H. D., & Sanchez, J. (2022). *Evaluation of the development of a multijurisdictional police deflection program to assist victims of violent crime*. Illinois Criminal Justice Information Authority. [In press]

Reichert, J., Sheridan, E., DeSalvo, M., & Adams, S. (2017). *Evaluation of Illinois multi-jurisdictional drug task forces*. Illinois Criminal Justice Information Authority. http://www.icjia.state.il.us/assets/articles/MEGTF_FINAL_REPORT_120517.pdf

Sdrulla, A.D., & Chen G. (2015). The multidisciplinary approach to the management of substance abuse. In Kaye A., Vadivelu N., Urman R. (Eds.) *Substance Abuse*. Springer. https://doi.org/10.1007/978-1-4939-1951-2_16

Skinner, T. (2021). *How to facilitate a strategic planning session*. Rhythm Systems. https://www.rhythmsystems.com/blog/how-to-facilitate-a-strategic-planning-session

Staples, L. (2000). Insider/outsider upsides and downsides. *Social Work with Groups, 23*(2), 19-35. https://doi.org/10.1300/J009v23n02_03

Substance Abuse and Mental Health Services Administration. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf

Substance Abuse and Mental Health Services Administration. (n.d.). *Setting goals and developing specific, measurable, achievable, relevant, and time-bound objectives*. https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf

Top Network. (n.d.). *Create plans collaboratively*. https://www.top-network.org/create-plans-collaboratively

U.S. Attorney's Office Central District of Illinois & Illinois Criminal Justice Information Authority. (2019) *2019 Illinois methamphetamine study*. https://icjia.illinois.gov/researchhub/files/2019%20Illinois%20Methamphetamine%20Study-191218T21562198.pdf

U.S. Census Bureau (2019). *American community survey*. https://www.census.gov/programs-surveys/acs

Weisner, L., & Adams, S. (2019). *A state and national overview of methamphetamine trends*. Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/articles/illinois-and-national-methamphetamine-trends

Wilkinson, M. (2012). *7 key activities for a strategic planning facilitator*. https://managementhelp.org/blogs/strategic-planning/2012/01/31/7-key-activities-for-a-strategic-planning-facilitator/

World Health Organization and United Nations Office on Drugs and Crime. (2020). *International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing*. https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf

Appendix A: Solutions Action Plan

Deflection & Pre-Arrest Diversion

Solutions Action Plan (SAP)

Community/Jurisdiction ___

Deflection & Pre-Arrest Diversion (PAD) Solutions Action Plan

Team Contact Information

Team Community/Jurisdiction:	**State:**
Name of Primary Contact(s):	
Title(s):	
Agency:	
Phone(s):	
Email(s):	

Team Members

TEAM MEMBER NAME	TITLE	EMAIL

CHJ Principles of Modern Justice Systems Change

I. Building a more *just* justice system is foundational: "*There is no justice without justice.*"

a. Reducing crime is the goal: linking individuals to treatment and services is a crime reduction strategy.
b. Reducing racial, ethnic, gender, economic, and geographical disparity is fundamental.
c. Elevating community voices is critical.
d. Enhancing cost savings and resource utilization is important.

II. Many components of different systems (e.g., law enforcement and courts, substance use and mental health, health care, and community) have an important role to play in building a more just justice system.

a. The change is systemic in nature and requires a systems approach to change that can be scaled up to uniquely fit the context, scale, and scope of a community/jurisdiction.
b. Justice leaders –appointed and elected – should use their convening authority to initiate systems change and ensure collaboration among partners.

III. No one should go further into the justice system than necessary.

a. Provide screening, assessment, and interventions as early as possible – including assessment for community-based treatment and service linkage needs – prior to justice system contact.
b. The community may be the best and most appropriate place to treat substance use and mental health issues.

IV. Recovery from drug use reduces crime and addresses mental health concerns, thereby reducing the likelihood of future contact with the justice system.

a. Early screening more efficiently uses resources for both substance use and mental health services; individuals should be screened before *and* after treatment and service delivery.
b. Justice system interventions must align with the chronic nature of addiction based on science and research.
c. Assessment drives service –match risk and need, apply responsivity.[1]

[1] According to the United States Department of Justice's National Institute of Corrections, "The Risk-Need-Responsivity principle was developed by Donald Arthur Andrews and James Bonta in 1990 (Andrews D, Bonta J. *The psychology of criminal conduct.* 2. Cincinnati, OH: Anderson; 1998.). It integrates the psychology of criminal conduct into an understanding of how to reduce recidivism. Using this concept, they identify three principles to guide the assessment and treatment of offenders to advance rehabilitative goals as well as reduce risk to society: risk principle, need principle, and responsivity principle (RNR). Accessed from: https://nicic.gov/assign-library-item-package-accordion/evidence-based-practices-ebp-principle-3-target-interventions

d. A neutral system linkage specialized case management infrastructure is required to ensure access, retention and completion in services, and movement into recovery.
e. Build sufficient and appropriate capacity[2] to meet the criminogenic and behavioral health needs of the justice-involved population.
f. Seek partnerships with service providers that employ evidence-based and promising practices appropriate to the justice substance use and mental health population, including those that are gender and culturally responsive.

V. Metrics are integral to a more just justice system.

a. Once agreement on the problem/challenge is reached, use data to verify if the problem/challenge actually exists and to define its features – scale, scope, and time.
b. Use metrics for shared systems-level decision-making.
c. Agree on shared outcomes to the problem/challenge that work for the justice, substance use and mental health, and community systems together.
d. Use these shared outcomes metrics to hold the system accountable to identified outcomes of success.
e. Broadly share data collected, as appropriate.
f. Create a rapid-cycle feedback loop to direct, steer, and guide program improvements and adjustments.
g. Evaluate efforts for *system-wide* impact – the change sought is systemic in nature.

VI. Make a plan for ongoing funding and program sustainability.

a. Leave no money on the table, consider public and private subsidized funding.
b. Efficiently use available resources- review your community's treatment capacity.
c. Explore a variety of business models, including a non-profit structure.
d. Develop formal policies and procedures for your initiative.
e. Work with policymakers to codify deflection and propose legislative changes.

[2] TASC's Center for Health and Justice's Treatment Capacity Expansion Series. Available at: http://www2.centerforhealthandjustice.org/content/project/tasc-chj-treatment-capacity-expansion-series

Section 1. FIRST THINGS FIRST: Why do this?

Note: To complete this section, reference grant proposals and agency or jurisdiction strategic plans.

I. What is your agreed upon problem/challenge you are trying to address?
II. What data do you have demonstrating that this is in fact a problem/challenge?
III. What is the purpose of doing your new/expanded initiative?
IV. What would success look like if your problem/challenge were (re)solved?

V. Write your <u>system-wide</u> agreed upon outcome(s)—metric(s) of success.
Outcome 1:
Outcome 2:
Outcome 3:
Outcome 4:

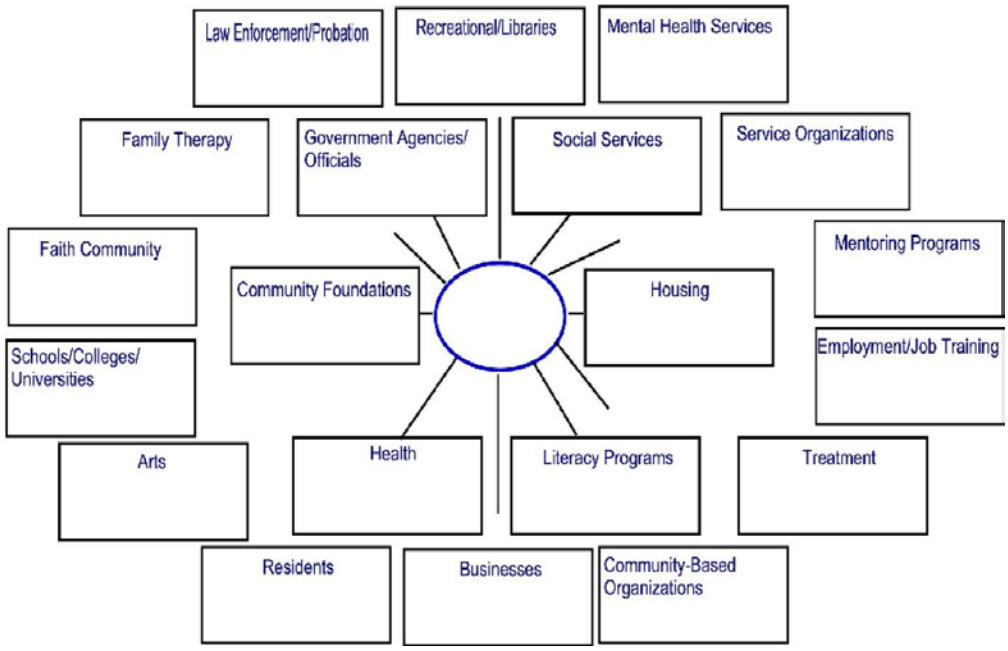
Section 2. TAKING INVENTORY: What's Going on Right Now?

I. For sites with currently operational deflection/PAD programs: Which deflection/PAD pathways are you already implementing? Refer to Appendix I: *PTACC's Deflection & Pre-arrest Diversion: Pathways to Community Visual*. (Check all that apply)

Current Pathway	Pathway	Target Population & Brand
☐	**Self-Referral:** An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or EMS) for treatment referral. If the contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest.	Individuals with substance use disorders (SUD) e.g., PAARI (Gloucester, MA Angel Program)
☐	**Active Outreach:** A first responder intentionally identifies or seeks out individuals with SUD to refer them to, or engage them in, treatment; a team consisting of a clinician and/or peer with lived experience often does the outreach.	Individuals with SUD e.g., PAARI (Arlington, MA, Outreach Program)
☐	**Naloxone Plus:** A first responder and program partner (often a clinician or peer with lived experience) conducts outreach *specifically* to individuals who have experienced a recent overdose to engage them in and provide linkages to treatment.	Individuals with opioid use disorder (OUD) e.g., QRT and Drug Abuse Response Teams (DART)
☐	**Officer/First Responder Prevention:** During routine activities such as patrol or response to a service call, a first responder conducts engagement and provides treatment referrals. [NOTE: if law enforcement is the first responder, no charges are filed or arrests made.]	Persons in crisis or with non-crisis mental health disorders and substance use disorders, or in situations involving homelessness, need, or sex work e.g., LEAD
☐	**Officer Intervention** (only applicable for law enforcement): During routine activities such as patrol or response to a service call, law enforcement engages and provides treatment referrals or issues (noncriminal) citations to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully completed.	Persons in crisis or with non-crisis mental health disorders and substance use disorders, or in situations involving homelessness, need, or sex work e.g., LEAD and Civil Citation (FL)

II. Who are your current partners and who do you wish to partner with? Complete Appendix II *Community Partner Resource (Asset) Map*

a. Identify organizations or agencies with whom you already partner (for a current PAD program or other initiative- e.g., CIT, OFR, Opioid Task Force).
b. Identify organizations or agencies with whom you wish to partner.



Partners and Stakeholders to Consider

Type	Current (List Partners)	Desired (List Partners)
Law enforcement		
Fire		
EMS		
Treatment providers – SUD		
Treatment providers – MH		
Treatment providers – MAT		
Community/Civic groups		
Community associations		
Hospitals		
Recovery community/lived experience/peer support		
Researchers		
Policy makers		
Crime victim groups		
Racial equity groups		
Business community		
Religious/faith community		
Housing		
Justice System		
Other: education, mentoring, employment/job training		

III. **What is your community's current capacity for diversion and where are areas for growth? Complete Appendix III *NLC Framework and Self-Assessment for a Strong Diversion Program-*** adapted from the National League of Cities' "City Leadership to Reduce Use of Jails – Framework/Self- Assessment for a Strong Diversion Program."[3]

Use this self-assessment to determine your community's current capacity and opportunities for growth in key components of a structure that supports public safety, accountability, and improved community health through pre-arrest diversion.

Definitions:

a. Toe-hold: Infancy stage- planning, pre-implementation
b. Walking: Pilot
c. Traction: Implementation
d. Running: Enhancement

IV. How are you doing on your collaborations?

Taking current partners into consideration, **complete the Appendix IV *GMU Collaborations Tool***

Note: Attach appendices to your completed SAP

[3] National League of Cities' *Reducing the Use of Jails: Exploring Roles for City Leaders* Accessed from: https://www.nlc.org/wp-content/uploads/2019/10/Reducing-the-Use-of-Jails-Exploring-Roles-for-City-Leaders.pdf

Section 3. THINKING IT THROUGH: Measure Twice, Cut Once

I. Complete Appendix V *CHJ Law Enforcement Deflection Frameworks: A Decision-Making Tool for Police Leaders (pages 4-6).*

II. Thinking about your Deflection/PAD "*Capacity to Act Triangle*"
(Facilitators will work with the teams on this exercise.)

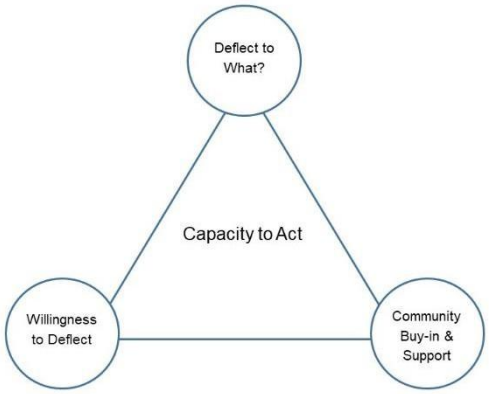
Deflect/Divert to What?[4]

- Behavioral health capacity to treat including:
  - Modalities – OP/IOP/Detox/Residential/Crisis Cente
  - Availability & Accessibility
  - Time to treat – Treatment on Demand?

 Willingness to Deflect/Divert to scale?

- Law enforcement capacity to do deflection/PAD

 Community buy-in and support



Use the blank space below to jot down notes on each node of the "Capacity to Act Triangle"

[4] Refer to TASC's Center for Health and Justice's Treatment Capacity Expansion Series. Available at: http://www2.centerforhealthandjustice.org/content/project/tasc-chj-treatment-capacity-expansion-series

Section 4. DECIDING ON WHAT TO DO: Time to Refine

***NOTE: At this stage of the process, review, revisit, and revise your initial thinking and the work you did in sections 1, 2, and 3 prior to proceeding further.*

I. Which deflection/PAD Pathways have you decided to develop/add?

Check all that apply. Include any relevant comments. Refer to Section 2 of the SAP and to Appendix 1: PTACC 5 Pathways Visual.

Pathway	Comments
☐ Self-Referral	
☐ Active Outreach	
☐ Naloxone Plus	
☐ Officer Prevention	
☐ Officer Intervention	

II. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 1:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

III. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 2:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

IV. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 3:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

V. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 4:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #____:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Section 5. MOVING TOWARD SUCCESS: Key Questions for Implementation

I. How will you evaluate your effort? (Include who will help you with data collection and evaluation)

a.
b.
c.

II. How will you create a *feedback loop* and *adjustment mechanism* for your initiative at 30 days, 90 days, and 180 days? Create your own time frames as appropriate:

30)
90)
180)

III. How will you prevent and respond to racial, ethnic, and gender disparities in your initiative?

a.
b.
c.

IV. How will you fund your initiative?

a.
b.
c.

V. How will you sustain your initiative?

a.
b.
c.

VI. How will you *recognize* and *celebrate* your initiative?

a.
b.
c.

VII. What is the media plan for your initiative?

a.
b.

c.

VIII. What *legal considerations* are needed for your initiative?

a.
b.
c.

IX. What *political issues* exist for your initiative?

a.
b.
c.

X. What is missing from your SAP? This section is open for your team to add items, tasks, activities, and thoughts.

a.
b.
c.

Congratulations!

You have completed the Solutions Action Plan for your community's deflection or pre-arrest diversion initiative.

Your final tasks:

- **Work on your "Report Out" form (to be provided)**
- **Congratulate yourself and your team members**
- **Celebrate your team's work**
- **Rest**
- **Upon your return home…use this plan to hit the ground running!**

Appendix B: Deflection Specialist/Community Care Coordinator Job Description

Working at TASC: At TASC, we serve people who have cases in courts, corrections, and family service systems across Illinois — and we help people move beyond their involvement in these systems, rebuild their lives, and connect to positive supports in the community. When you work with TASC, you're part of a team committed to reducing people's involvement with the justice system, increasing health and recovery, and advancing racial and social justice. We also strive to reform systems through public policy work in Illinois and nationally, and through our consulting services across the globe.

Summary: This position will be responsible for connecting with participants to services within targeted geographic communities in Illinois, providing outreach, education and training on subjects such as substance use disorders, community resources, pre-arrest diversion, health insurance, etc. This position will serve as a public face of TASC in the designated areas and be responsible for direct services for participants, as well as community partner's relations and trainings.

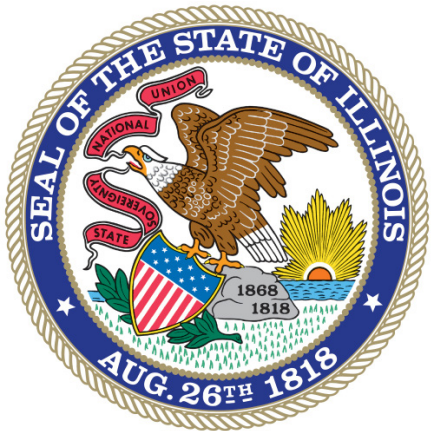
Essential Duties and Responsibilities

- Provide assertive and continuous outreach activities related to direct participant services.
- Make referrals to all essential needed participant services i.e.: substance use disorder treatment, recovery support services, housing, etc.
- Attend community events and conferences to provide education and awareness on law enforcement diversion and outreach to individuals with an opioid or substance use disorder.
- Conduct enrollment assistance for Medicaid with individuals who are without insurance when needed.
- Responsible for follow-up activities related to addressing participant needs.
- Develop effective working relationship with appropriate project staff and community partners, providers, police departments etc.
- Attend community events representing the deflection initiative and TASC.
- Provide trainings on an ongoing basis related to the deflection initiative's targeted goals and objectives, including naloxone administration & distribution.

Qualifications:

- High school diploma or a GED certificate;
- Knowledge of human behavior for the assessment and signs and symptoms of substance use disorders. Specific knowledge necessary for working with special populations.
- One or more years of outreach work related to direct participant services.
- One or more years' experience with providing trainings and/or presenting at local or national conferences preferred.
- Knowledge of treatment & service providers various areas in Illinois would be beneficial
- Highly organized and great follow up skills
- Must be able to work well under pressure in a fast-paced environment

If you are interested in this position, please visit the TASC website at www.tasc.org and apply online.
TASC is an Equal Opportunity Employer and a Drug Free workplace. The agency does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran or military status or any other protected status in accordance with federal and state law.



Illinois Criminal Justice Information Authority
60 E. Van Buren Boulevard, 6th Floor
Chicago, Illinois 60605
Phone: (312) 793-8550
TDD: (312)793-4170

ICJIA.Illinois.Gov